

### Step 1: Basic Client Information

Please complete the following basic client information and note that all fields with an \* are required fields. This information is used to conduct an update or annual assessment for a client who is currently enrolled in a program and for clients whose permanent housing status has changed while enrolled in a Rapid Re-Housing program. The response "Data Not Collected" means the question was not asked of the client and will report as missing on reports.

#### Basic Client Information:\*

First Name: \* \_\_\_\_\_ Last Name: \* \_\_\_\_\_  
Middle Name: \_\_\_\_\_ Suffix: \_\_\_\_\_  
Birthdate: \* \_\_\_\_\_ Social Security Number: \* \_\_\_\_\_

### Step 2: Project Update/Annual Assessment

Complete the project update/annual assessment information and please note all fields with an \* are required fields. Complete additional forms for each household member to be updated or assessed.

Assessment Date: \* \_\_\_\_\_ Case Assignment: \*: \_\_\_\_\_

#### **(ONLY REQUIRED FOR ESG, CoC and SSVF RAPID RE-HOUSING PARTICIPANTS)**

Residential Move-In Information Date: \* \_\_\_\_\_ (enter date permanent housing status assessed)  
In Permanent Housing: \* ☐ Yes ☐ No If Yes, Date of Move-In: \* \_\_\_\_\_

#### **(ONLY REQUIRED FOR PATH PARTICIPANTS):**

Project Entry Date: \* \_\_\_\_\_ (Date of 1<sup>st</sup> Contact)  
Date of PATH Engagement: \* \_\_\_\_\_ (Interactive client relationship; results in deliberate assessment)  
Date of PATH Status Determined: \* \_\_\_\_\_  
Client Became Enrolled in PATH: \* ☐ Yes ☐ No (Client formally consents to participate in PATH program services)  
Reason Not Enrolled in PATH:  
☐ Client was found ineligible for PATH  
☐ Client not enrolled for other reasons

#### Health Insurance:\*

#### If Yes, Type:\*

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Yes                 | <input type="checkbox"/> Private – Employer                        | <input type="checkbox"/> Military Insurance                      |
| <input type="checkbox"/> No                  | <input type="checkbox"/> Private – Individual                      | <input type="checkbox"/> State Funded (HIP or HIP 2.0)           |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Medicare                                  | <input type="checkbox"/> Indian Health Service (Native American) |
| <input type="checkbox"/> Client Refused      | <input type="checkbox"/> Medicaid                                  | <input type="checkbox"/> Other Public                            |
| <input type="checkbox"/> Data Not Collected  | <input type="checkbox"/> State Children's Health Insurance Program | <input type="checkbox"/> Other _____                             |
|  | (S-CHIP; not Medicaid or HIP)                                      |  |

#### Status:\*

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Active            | <input type="checkbox"/> No                                 |  |
| <input type="checkbox"/> Start Date: _____ | <input type="checkbox"/> Applied; decision pending          | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> End Date: _____   | <input type="checkbox"/> Applied; client not eligible       | <input type="checkbox"/> Client Refused      |
|  | <input type="checkbox"/> Client did not apply               | <input type="checkbox"/> Data Not Collected  |
|  | <input type="checkbox"/> Insurance type N/A for this client |  |

HMIS Barriers Assessment:\*

<u>Barriers:*</u>	<u>Barrier Present?</u>	<u>Receiving Services/Treatment?</u>	<u>Condition Indefinite?</u>	<u>Documentation on File?</u>
Alcohol Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Developmental Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental Health	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chronic Health Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No

If client reports "Alcohol Abuse, Drug Abuse and/or Mental Health" as present barriers, complete the following:

**How confirmed:**

- ☐ Unconfirmed; presumptive or self-report
- ☐ Confirmed through assessment and clinical evaluation
- ☐ Confirmed by prior evaluation or clinical records

**Serious Mental Illness (SMI):**

- ☐ No
- ☐ Unconfirmed; presumptive or self-report
- ☐ Confirmed through assessment and clinical evaluation
- ☐ Confirmed by prior evaluation or clinical records
- ☐ Client Doesn't Know
- ☐ Client Refused

Domestic Violence Assessment of Victim:\*

Is client a victim of domestic violence:\*

- ☐ Yes ☐ No  
☐ Client Doesn't Know ☐ Client Refused  
☐ Data Not Collected

Currently Fleeing:\*

- ☐ Yes ☐ No  
☐ Client Doesn't Know ☐ Client Refused  
☐ Data Not Collected

If yes, when experience occurred:\*

- ☐ Within the past three months  
☐ Three to six months ago (excluding 6 months exactly)  
☐ Six months to one year ago (excluding 1 year exactly)  
☐ One year ago or more  
☐ Client Doesn't Know  
☐ Client Refused  
☐ Data Not Collected

Financial Assessment:\* Cash Income:\*

☐ Yes ☐ No

- ☐ Earned Income \$ \_\_\_\_\_  
☐ Private Disability Insurance \$ \_\_\_\_\_  
☐ Unemployment Insurance \$ \_\_\_\_\_  
☐ Worker's Compensation \$ \_\_\_\_\_  
☐ Pension From Former Job \$ \_\_\_\_\_  
☐ Supplemental Security Income \$ \_\_\_\_\_  
☐ Social Security Disability Income \$ \_\_\_\_\_  
☐ Retirement (Social Security) \$ \_\_\_\_\_  
☐ Alimony \$ \_\_\_\_\_  
☐ VA Service-Connected Disability \$ \_\_\_\_\_  
☐ VA NonService-Connected Disability \$ \_\_\_\_\_  
☐ TANF \$ \_\_\_\_\_  
☐ Child Support \$ \_\_\_\_\_  
☐ Other Income \$ \_\_\_\_\_

Non Cash Benefits:\*

☐ Yes ☐ No

- ☐ Food Stamps/Money for Food on Benefits Card  
\$ \_\_\_\_\_  
☐ Special Supplemental Nutrition Program (WIC)  
☐ TANF Child Care Services  
☐ TANF Transportation Services  
☐ Other TANF Funded Services  
☐ Section 8, Public Housing, Other Rental Asst. (PSH)  
\$ \_\_\_\_\_  
☐ Temporary Rental Assistance (RRH) \$ \_\_\_\_\_  
☐ Other Source

Adult Education Assessment:\*

Currently in School/Working on Degree:\*

- ☐ Yes ☐ No  
☐ Client Doesn't Know ☐ Client Refused

Highest Grade Completed:\*

- ☐ No School Completed  
☐ Nursery School to 4<sup>th</sup> Grade  
☐ 5<sup>th</sup> Grade or 6<sup>th</sup> Grade  
☐ 7<sup>th</sup> Grade or 8<sup>th</sup> Grade  
☐ 9<sup>th</sup> Grade  
☐ 10<sup>th</sup> Grade  
☐ 11<sup>th</sup> Grade  
☐ 12 Grade, No Diploma  
☐ High School Diploma  
☐ GED  
☐ Post-Secondary School  
☐ Client Doesn't Know  
☐ Client Refused

Received Vocational Training/Apprenticeship:\*

- ☐ Yes ☐ No  
☐ Client Doesn't Know ☐ Client Refused

Secondary Education:\*

- ☐ None  
☐ Associates Degree  
☐ Bachelors  
☐ Masters  
☐ Doctorate  
☐ Other Graduate/Professional Degree  
☐ Certificate of Advanced Training or Skilled Artisan  
☐ Client Doesn't Know

Child Education Assessment:\*

Highest Grade Completed:\*

- ☐ No School Completed
- ☐ Nursery School to 4<sup>th</sup> Grade
- ☐ 5<sup>th</sup> Grade or 6<sup>th</sup> Grade
- ☐ 7<sup>th</sup> Grade or 8<sup>th</sup> Grade
- ☐ 9<sup>th</sup> Grade
- ☐ 10<sup>th</sup> Grade
- ☐ 11<sup>th</sup> Grade
- ☐ 12 Grade, No Diploma
- ☐ High School Diploma
- ☐ GED
- ☐ Post-Secondary School
- ☐ Client Doesn't Know
- ☐ Client Refused

Current Enrollment Status:\*

- ☐ Yes ☐ No
- ☐ Client Doesn't Know ☐ Client Refused

If Yes, Type of School:\*

- ☐ Public School ☐ Technical/Career
- ☐ Homeschool ☐ Client Doesn't Know
- ☐ Charter ☐ Client Refused
- ☐ Parochial or Other Private School

School Name:\*

Connected w/McKinney-Vento School Liaison?\*

- ☐ Yes ☐ No
- ☐ Client Doesn't Know ☐ Client Refused

If not enrolled, Last Enrollment Date:\_\_\_\_\_

Reason Not Enrolled:\_\_\_\_\_

\_\_\_\_\_

*Self-Sufficiency Matrix and AMI Assessments also available. Other helpful resources at [www.IndianaBOS.org](http://www.IndianaBOS.org).*